



**ESCROW AGENCY
AUTHORIZATION TO EXAMINE TRUST ACCOUNT(S)**

To: State of Idaho, Department of Finance, Consumer Finance Bureau

For: _____
Escrow Agency Company Name

The undersigned, a principal officer or authorized signer of the above applicant/licensee, hereby certifies that such firm has established and maintains a trust account(s) in compliance with the Idaho Escrow Act, Idaho Code § 30-901 *et seq.*, and that each trust account held for this purpose is correctly identified below:

Trust Account No.: _____
Financial Institution: _____
Idaho Branch: _____
Street Address: _____

City State Zip Code

- The undersigned hereby authorizes the Director of the Department of Finance, or designee, to examine the above described Trust Account(s).
- The undersigned further authorizes the above listed financial institution(s) to release to the Director, or designee, information relating to the Trust Account(s) listed above, such information to include all account records and information.
- The undersigned acknowledges responsibility to notify the Department of any change of financial institution and/or account number(s).

signature of officer/authorized signer date

print name legibly title

BANK VERIFICATION

Account No.: _____ Date Established: _____
Verified by: _____ Title: _____
print bank representative name
Signature: _____ Date: _____

(BANK SIGNATURE MUST BE NOTARIZED)

Signed and sworn before me by: _____ this _____ day of _____
print bank representative name
_____ 20_____.

Notary Public in and for the

State of _____ My appointment expires: _____

County of _____

signature of notary public

CONSUMER FINANCE BUREAU
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